



Sheriff Stephen O. Simpson

## LOUDOUN COUNTY SHERIFF'S OFFICE

880 Harrison Street SE, Leesburg, Virginia 20175  
Telephone 703-777-0407

### AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I \_\_\_\_\_ do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Loudoun County Sheriff's Office, whether the said records are of a public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of the records for the following:

1. ***Current and past employment including the military*** to include personnel files, background investigation files, results of any polygraph examinations, medical records, results of psychological examinations, internal investigation files, records of disciplinary actions, records of grievances filed by or against me, performance assessments by supervisors and co-workers either written or verbal, and specific reasons why I left that employment.
2. ***Local, state, federal, or other law enforcement agencies***. This includes records of arrests (criminal and traffic) and convictions, or records of any contacts as a suspect, victim, witness, or complainant.
3. ***Applications for employment with other law enforcement agencies, government agencies, private companies, businesses, corporations, retail establishments or any type of employment*** concerning written test scores, results of any performance based testing, medical examinations, psychological examinations, polygraph examinations, interview results, investigative results and specific reasons that I was not employed.
4. ***Local or federal court systems*** concerning criminal or civil matters where I have been involved in any manner.
5. ***Complaints of a civil nature*** made by recollections of attorneys at law, or other counsel, whether representing me or another person in any case in which I presently have or had an interest.
6. ***Educational institutions*** concerning academic achievements and any information concerning my behavior while attending said institution.
7. ***Financial and credit institutions***, commercial or retail credit agencies, for the purpose of revealing my complete credit history.
8. ***Records from landlords, resident managers, or other record keepers*** indicating tenant behavior and promptness of monthly rental payments.
9. ***The sources of information specifically mentioned above are not intended to deny access to any records not specifically identified herein.***

Side Two

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation. I understand that any information obtained which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Loudoun County Sheriff's Office. I am fully aware that any unfavorable information obtained from any source may result in the denial of my application for employment with the Loudoun County Sheriff's Office.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, as amended, with regard to access and to the disclosure of records and statements and I hereby waive those rights.

I agree to indemnify and hold harmless Loudoun County, its agents and employees and the person to whom this request is presented and his agents and employees and any individual who provides any information connected with this background investigation, from and against all claims, damages, losses, and expenses, including attorneys' fees, arising out of this request.

I further understand that in the event that my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

It has been fully explained to me, and I fully understand that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application. I voluntarily sign this statement. Furthermore, I have no objection to any part of this statement.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security#:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_